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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).)		Docket Number (Optional) W0612.70001US01									
Application Number 09/819,258-Conf. #2099		Filed March 27, 2001									
For SLIDING EXERCISE APPARATUS AND RECREATIONAL DEVICE											
Art Unit 3764		Examiner F. C. Mathew									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="0"> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> <td>\$ 60.00</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,548</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <p><u>Shannon Pratt</u> Signature</p> <p><u>November 16, 2006</u> Date</p> <p><u>Shannon Pratt</u> Typed or printed name</p> <p><u>(617) 646-8000</u> Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00
	<u>Fee</u>	<u>Small Entity Fee</u>									
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00								

CERTIFICATE OF FACSIMILE TRANSMISSION 37 C.F.R. §1.8(u)

The undersigned hereby certifies that this document is being facsimile transmitted to the United States Patent and Trademark Office in accordance with 37 C.F.R. §1.6(d) to the attention of Examiner P. C. Mathew, Art Unit 3764, Alexandria, VA 22313-1450, Fax No. (571)273-8300, on the 16 day of November, 2006.

Magjorie DeRosa

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